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CONFIRMATION NO. 3556

Bib Data Sheet

SERIAL NUMBER 10/628,542	FILING DATE 07/28/2003 RULE	CLASS 526	GROUP ART UNIT 1713	ATTORNEY DOCKET NO. 88-1066B					
APPLICANTS Douglas D. Klendworth, West Chester, OH; Mark K. Reinking, Mason, OH;									
** CONTINUING DATA ***** <i>lu</i> This application is a DIV of 10/055,072 01/23/2002 PAT 6,646,072									
** FOREIGN APPLICATIONS ***** <i>lu</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/21/2004									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY OH </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 0 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 6 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 1 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	STATE OR COUNTRY OH	SHEETS DRAWING 0	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
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ADDRESS 24114 LYONDELL CHEMICAL COMPANY 3801 WEST CHESTER PIKE NEWTOWN SQUARE , PA 19073									
TITLE Process for making polyolefin compositions containing exfoliated clay									
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	
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